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**AB 262: Defibrillator Training**  
**Testimony by State Representative Joan Ballweg**  
**Before the Senate Committee on Health, Human Services,**  
**Insurance and Job Creation**  
**February 20, 2008**

Under current law there are specific occupations that are statutorily required to take cardiopulmonary resuscitation (CPR). The Department of Health & Family Services also requires individuals who work in certain programs licensed or regulated by the Department to complete a first aid course including CPR. Many of these individuals already receive training in the use of automated external defibrillators (AEDs) because, generally AED training is not conducted as a separate course, but as part of the CPR certification.

Nationally, 250,000 people die of sudden cardiac arrest (SCA) each year, and by having AEDs available and people trained on how to use them, as many as 50,000 of those individuals might be saved. There are four key points that enhance a victims chance of survival: Early recognition and access; early CPR; early defibrillation; and early advanced medical care. While Southeastern and Southcentral Wisconsin may be growing more and

more urbanized, the fact remains that much of Wisconsin is a rural landscape, and advance medical care is not always in close proximity. CPR and defibrillation combined together increase a victim's odds of surviving until medical personnel can arrive and transport the individual to a health care facility.

Even though the AED is automated, prior training helps the rescuer identify the signs of SCA and react. The decision to give assistance is very time sensitive, for every minute defibrillation is delayed, a victim's chance of survival decreases 10 percent.

CPR alone is usually not enough to save the life of a SCA victim. After a shock from an AED eliminates the irregular heartbeat, most hearts do not pump blood effectively for a few minutes after the shock. Chest compressions (part of the CPR process) are needed to during this time to provide blood to the heart, brain and other organs. So, the combination of these two life saving techniques enhance a victim's chance of survival.

AB 262 is a companion to SB 142 which is also before this committee. During the committee process in the Assembly, we adopted a

substitute amendment that made a number of technical changes to the bill.

The most important change by the substitute amendment was to clarify that the bill requires instruction in the use of an AED and not a completely separate course. The requirements for dentists and hygienists are codified in statute rather than promulgated as rules. It also directs DHFS to approve the organizations and institutions that may provide instructions in AEDs.

I hope this committee would advance both AB 262 and SB 142. If there are any questions, I would be happy to answer any questions now.